

SECTION ON MEDICINE OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Oct. 4, 1910.

Report of a Case.

By H. D'ARCY POWER, M. D., San Francisco.

I beg to report a case of typhoid fever with almost certain thrombosis of the cerebral arteries and hemiplegia. These cases are quite rare and in the literature on the subject I find that Osler so speaks of them. Henshaw has reported something like 28 cases. Nothnagel refers to the rarity of the occurrence and quotes one or two from his own experience. This was a child of 8 years of age; she had always been in good health, was taken with general malaise and loss of strength, and had been sick for a period of eight days when the case was brought to me. The temperature was 104° and the general condition of the tongue was that of a typhoid patient. On the ninth day there was present some enlargement of the spleen but absolutely no other symptoms of any kind. I concluded at the time that it was probably typhoid, so put the child on the usual treatment. Blood count was taken and there was no Widal reaction, the blood was deficient in both whites and reds. The temperature, if not controlled by hydrotherapy, remained at 104°. On the nineteenth day there was a positive Widal reaction. The child was well fed, put upon a diet amounting to 2050 calories a day of cream, milk and milk sugar. Just as we were hoping for a fall of temperature there suddenly appeared a very rapid increase in respiration. I saw the gravity of the impending situation, called in Dr. Cheney, and he agreed with me that pneumonia had set in. On the following day the child developed a right-sided paralysis of the arm, slowly progressing until at the end of the forty-eight hours it was complete over the whole side. With this occurred a remarkable disturbance of the respiration, the rate was between 80 and 100 for three or four days, nearly as rapid as the pulse. Six days later the lung symptoms diminished in severity. We thought the child would pull through, when suddenly, at the end of a favorable day, extremely rapid respiration set in with marked cyanosis and the child died an hour after these symptoms started. The slow onset of the right-sided hemiplegia with the sudden (and probably embolic) ending would indicate that the symptoms could be due to no other cause than thrombosis of the cerebral arteries, and this according to general statistics is a very rare event.

Discussion.—G. W. McCoy, San Francisco: I have seen no case similar to the one shown, but I would like to mention what you all probably know, that in cases of typhoid it is possible to make a positive diagnosis very early, in perhaps 95% of the cases, by making blood cultures. This is much better than waiting for the Widal reaction, which often appears late. The technic is very simple, and when you get a culture of the bacillus from the blood it clinches the diagnosis as nothing else can.

Presentation of a Case of Leprosy.

By LOUIS D. MEAD, M. D., San Francisco.

This patient was admitted to the leper department of the Isolation Hospital on May 9, 1910. He is 28 years of age, a dishwasher by occupation, and was born in Canton, China. He resided there continuously until three years ago, when he emigrated to the United States. There is no family history of leprosy, and, while he has seen lepers in his native country, denies ever having lived in intimate contact with them. There is no venereal history, or that of any serious illness prior to the onset of the present trouble. Some months before leaving China he complained of sharp pains in the legs, which were treated for rheumatism with considerable improvement. These pains returned soon after reaching San Francisco, but not with sufficient severity to prevent his

working; about eighteen months ago large erythematous patches were noticed over the extremities and the back, the pain in the legs became more severe, with marked tenderness to pressure over the soft parts; finally circumscribed beefy red patches developed over the affected areas, with dark, almost black pigmentation over the shins. The condition was then diagnosed as syphilis, but under specific treatment only temporary amelioration of the symptoms was obtained. The patient slowly lost in flesh and strength, was deserted by his countrymen and compelled to live a precarious existence in a basement in Chinatown.

For many weeks prior to his admission he had lost entire control over the lower extremities, the pain having given place to occasional sensations of numbness and tingling, more marked in the legs and less so in the forearms. The physical examination on admission showed: patient in an almost moribund condition, weighing about 70 pounds; he was confused mentally, the mucous membranes were pale and cyanotic, eyebrows thin, no conjunctival involvement. The skin was dry and scaly, black pigmented areas over both shins, over both legs, forearm and back, round or irregular dark areas, from $\frac{1}{4}$ to $\frac{1}{2}$ inch or larger in diameter, the color of which did not entirely disappear on pressure. Skin over fingers, feet and shins was glossy; considerable atrophy of the soft parts, and edema of the hands and feet. Bedsores were present over both hips, there were a number of dirty pustules on the cheeks and nose. Patient was unable to move the legs, patellar reflex absent on both sides. There was a marked hyperaesthesia over the extremities. Both ulnar nerves thickened and palpable at the bend of the elbow. On microscopical examination the bacillus leprae was found in great numbers in smears from the nasal secretion and pus from the face. Dr. Oliver reports the Wasserman negative.

Subsequent course of the disease. He was placed on a fluid diet for the first few weeks and as his strength and appetite increased this was made more generous until now he is and has been for some time past having a full diet. He was given frequent baths and as soon as possible gotten out of doors for the greater part of each day. From the first the improvement has been marked, the mental condition has cleared up, he is cheerful and is gradually regaining his strength. Some power has returned to the legs, but he is as yet unable to stand. At the present time there are areas of partial anesthesia over both legs, below the knees, some hyperesthesia over the feet and an interesting condition of enlargement and leprous infiltration over the dorsum of both feet, a phenomenon quite common in some lepers and which does not pit on pressure unless the legs have been in the dependant position for some time.

As to the prognosis, there is every reason to believe that under proper hygienic surroundings the condition should continue to improve and will in all probability then remain quiescent for a period of months or years, when other symptoms will begin to develop such as complete anesthesia and atrophy of the hands with contractures, possibly ocular involvement and blindness, laryngeal complications and finally death from aspiration pneumonia. An interesting point in connection with this case is that absolutely nothing was attempted in the matter of specific medication. The improvement is most apparent, he has gained 50 lbs. in weight and would not be recognized as the same man who came under our care five months ago. Had any pet therapeutic scheme been indulged in, we would have been prone to feel that the improvement was due to its benign action rather than to the good hygiene and the natural course of the disease.

(Demonstration of patient and stained slide of bacillus leprae taken from nasal secretion.)